

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/769,404

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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TOTAL IND.	62	0		0		0
TOTAL DEP.	12	0		0		0
TOTAL CLAIMS	74	0		0		0
51						
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TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS